Florida Department of State

Division of Corporations
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both. In the State of Florida.

1. Na	one of the limited liability company: Alico Citrus	Nursery, LLC		
2. (a)	10070 Daniels Interstate Court	(b) 10070 Daniels	(b) 10070 Daniels Interstate Court	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 100	Muiting a	doress of fimited liability company: MAY BE POST OFFICE BOX	
	Ft. Myers, Florida 33913	Ft. Myers, Flor	ida 33913	
_	09/23/2013	L13000134245		
3.	Date of filing/registration in Florida	- I	ent number	
5. (a) _	NRAI Corporate Services			
	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road Registered Office Address MUST BE FLORIDA STREET A			
-	Plantation , FL	33324	≥e _	
(b) 1	Timothy M. Hughes, Esq.		17 JI	
E	nter name of NEW Registered Agent and/or NEW Registered	Office address:	JUL 28 JUL 28 JAHASSITI	
Ŋ	EW Registered Office Address:			
1	101 E. Kennedy Boulevard, Suite 2800	<u> </u>	7: 2 2: 2 1: 0R	
1	rampa	33602		
gent will vas/were he article	ited liability company is not organized under the law- ic or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liab authorized by an affirmative vote of the members of soft organization or the operating agreement of the liability.	pility company, it is hereby c	business office of the registered confirmed that the change(s) y or as otherwise provided in	
	of a member or authorized representative of a member	Printed or	Dored name of cinner	
hereby or rovisions of obligations of the colling o	accept the appointment as registered agent and agree of all statutes relative to the proper and complete prions of my position as registered agent as provided reflect a change in the registered office address, I he writing of this change.	t to act in this capacity. I fu erformance of my dulies, and for in Chapter 605, F.S. Or, reby confirm that the limited	orther agree to comply with the diam jumiliar with and accept if this document is being filed it liability company has been	
ignature of	Register Agent			
	Division of Corporations P.O. Bo FILING FEE	 n 6327+ Talluhassec, FL 32 E: \$25.00	2314	

INH\$10 (2/14)